

PLAINTIFF ANTONIO MEDINA		COURT CASE NUMBER CV-14-143 RS
DEFENDANT MICROSOFT CORPORATION, ET AL		TYPE OF PROCESS SUMMON, COMPLAINT & ORDERS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN FILED 2014 JUL 15 P 1:11 CLERK U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA		
SERVE AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1094 OCASO CAMINO, FREMONT CA 94539	
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW ANTONIO MEDINA P.O. BOX 2355 COSTA MESA, CA 92628 (714) 418-1183	
Number of process served with this Form		RECEIVED UNITED STATES MARSHAL 2014 JUL 15 AM 11:32 NORTHERN DISTRICT OF CALIFORNIA
Number of parties served in this case		
Check for service on U.S.A.		

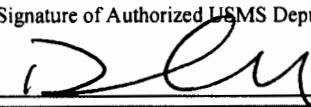
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: GINA AGUSTINE	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 522-2087	DATE 7/3/14
---	---	------------------------------------	----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk 	Date 7/15/14
---	---------------------------	-------------------------------------	------------------------------------	--	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED